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SERIAL NUMBER 10/734,640	FILING OR 371(c) DATE 12/15/2003 RULE	CLASS 514	GROUP ART UNIT 1627	ATTORNEY DOCKET NO. 088734-1111
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/433,959 12/18/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 03/19/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

22428

TITLE

TREATMENT OF MASTALGIA WITH 4-HYDROXY TAMOXIFEN

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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